

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3768HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2009
NAME OF PROVIDER OR SUPPLIER FLORENCIO'S HOME SWEET HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6424 CAYLEY COURT LAS VEGAS, NV 89110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 05/07/09. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was 1. One resident file and two employees file were reviewed. The following deficiencies were identified:	H 000	<p><i>POC accepted 6/10/09</i></p>	
H 019	Director Duties-No FA/CPR NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present. This Regulation is not met as evidenced by: Based on record review and staff interview on 05/07/09, the facility failed to ensure that 1 of 2	H 019		

1) H019 - Employee #2 submit a current first aid and CPR

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

G2N711

TITLE

(X6) DATE

Manhuta

June 4, 2009

If continuation sheet 1 of 5

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H 019	Continued From page 1 caregivers had received training in cardiopulmonary resuscitation (CPR) and first aid (Employee #2). Findings include: The file of Employee #2, hire date 09/05/05, contained a CPR and First Aid card with an expiration date of December 2008.	H 019	card to BLC; Pls see doc "A" 2) All employee will be enrolled in re-certification classes prior to expiration dates. Administrator will monitor for compliance	
H 050	Tuberculosis-Employees NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent	H 050		

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H 050	<p>Continued From page 2</p> <p>or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be</p>	H 050		

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STATE FORM

5899

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If continuation sheet 3 of 5

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H 050	<p>Continued From page 3</p> <p>offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)</p> <p>This Regulation is not met as evidenced by: Based on record review on 05/07/09, the facility failed to ensure that 1 of 2 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #1).</p> <p>Findings Include:</p> <p>The file of Employee #1, hire date 04/15/09, failed to contain a physician's statement regarding a positive TB screening test, a negative chest X-ray report, and an annual symptom questionnaire.</p>	H 050	<p>1) H050 - Employee #1 submit a chest x-ray result, including annual symptoms questionnaire and documentation of physician assessment regarding a positive (+) TB screening test. Pls see document "B"</p> <p>2) The Administrator will comply and all employees</p>	

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